



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

# PUBLIC HEALTH REPORTS

VOL. 34

NOVEMBER 28, 1919

No. 48

## THE VALUE OF DETENTION AS A RECONSTRUCTION MEASURE.<sup>1</sup>

By C. C. PIERCE, Assistant Surgeon General, United States Public Health Service.

The value of detention as a reconstruction measure should be of vital interest to the American Association of Obstetricians and Gynecologists, for it is to this group of the profession more than to any other, except, possibly, the psychiatrists, that society must look for the development of that branch of the peace-time program that has to do with the prevention and control of venereal diseases.

Many of you are no doubt familiar with sections 12 and 13 of the selective service act. These two sections have perhaps surpassed anything thus far known in national legislation. Section 12 prohibited the distribution of liquor to troops; section 13, suppressed prostitution, not only in the immediate vicinity of camps, but in a zone whose limits were from 5 to 10 miles surrounding each mobilization center, and further where the necessity for extension presented itself. To enforce these laws was no small task. The offenders, as well as their protectors, were extremely difficult to manage. The law enforcement division of the Commission on Training Camp Activities, which was organized September, 1917, was given the responsibility for enforcing the law contained in these two remarkable sections. The present discussion is confined to the work in connection with section 13.

In September, 1917, when the commission was formed, a committee on protective work for girls was created as one of the constituent parts of the commission. The function of this committee was to provide for young girls in the mobilization areas on the assumption that these girls needed protection to keep them from becoming sex offenders. Six months' work demonstrated that the number of delinquent girls in the vicinity of military camps was so great that a reorganization of the committee on a new basis was necessary. In April, 1918, the section on women and girls was created as a part of the law enforcement division of the Commission on Training Camp Activities, authorized to deal primarily with women and girls who were sex offenders. The protective and recreational work with the girls who were not sex offenders was left to local organizations.

<sup>1</sup> Read at the meeting of the American Association of Obstetricians and Gynecologists, Cincinnati, Ohio, September 15, 1919.

One of the first very prominent problems confronting the commission was how to provide detention for women and girls arrested under this act. It is to be borne in mind that the cantonments were, with but few exceptions, located in comparatively small southern cities where proper custodial care even for ordinary offenders was quite undeveloped. To meet this emergency the President set aside from his War Emergency Fund, generally spoken of as the National Security and Defense Fund, the amount of \$250,000 to provide suitable facilities for the custody and rehabilitation of girls and women who were a menace to the men in training. A special section was added to the Commission on Training Camp Activities, known as the section on reformatories and detention houses.

That the offenders arrested under section 13 were mainly prostitutes was not surprising, and that they should be found infected with venereal disease was expected. Medical supervision then became the most important service in the detention homes created in the extra-cantonment zones. The Public Health Service assumed the responsibility for the care of the delinquents. Very little attention was paid during the war to reconstruction work, because of the urgent necessity of other branches of the work and the lack of adequately trained personnel.

Practically all the detention stations which were established were of an emergency nature, as immediate action was necessary to meet the unusual situation that had been created. In a few instances it was possible to arrange with already existing institutions to admit and care for the persons held for detention; but this was the exception rather than the rule. In fact, during the year 1918 there were only about eight States that were making provision for the detention of venereally infected women other than that of confining them to county and city jails. Only one State had any provision for the detention of colored women.

As a result of the efforts of the various Federal agencies, 34 States provided more or less adequate detention measures for persons infected with venereal diseases, detention hospitals being established usually in towns and cities adjacent to military camps. A list of these detention hospitals, with their location, was published in Reprint No. 521 from Public Health Reports of May 2, 1919.

Most of these detention homes were temporary structures, and the equipment and personnel varied considerably, depending upon the amount of funds available and the possibility of securing trained workers to perform the duties of matrons and attendants. Notwithstanding the difficulty attendant upon providing proper detention facilities, these institutions fulfilled a very essential and important function in limiting the spread of venereal diseases in the civilian areas adjacent to Army and Navy camps.

The establishment of these institutions was received by the local communities in widely varying manners. In some places the officials and social agencies gave the institutions most cordial and intelligent support, while in others practically no help could be counted upon from the local community. Likewise, some degree of criticism was directed toward many of the institutions because the critics failed to understand the object to be accomplished. Several articles were written and published in various magazines criticising the action of the Government in detaining venereally infected women, it being stated that such a procedure was a revival of the plan for regulating prostitution that has for many years been employed in various European countries practically without any success in its effect upon the control of venereal diseases.

That such a view was erroneous can easily be shown by any one familiar with the facts. The civil and military authorities were confronted with a condition, not a theory—a condition which required the immediate isolation of as many venereally infected persons acting as spreaders of disease as could be quickly apprehended and quarantined. It was not a measure instituted for the punishment of prostitutes on account of infraction of the civil or moral law, but was strictly a public health measure to prevent the spread of dangerous, communicable diseases.

The law specifically stated that the measures instituted were for the protection of the health of the soldiers and sailors. The soldiers and sailors obviously contracted their venereal infections from infected women. Therefore, for the purpose to be accomplished, it was not necessary to isolate venereally infected men prior to their induction into military service.

The assembling of large numbers of venereally infected prostitutes in these various institutions offered a splendid opportunity for sociological and psychological investigation in regard to the causes of prostitution in general, and for studying the type of women that furnished the great bulk of prostitutes.

History sheets of more than 9,000 individuals were collected among the 30,000 women who were apprehended during the war. These history sheets are now the property of the Interdepartmental Social Hygiene Board. Up to this time it has not been possible to study and tabulate these history sheets, but it is expected that this work will be accomplished some time in the near future. Undoubtedly the data so obtained will be of great value to all persons interested in the problem of the control of venereal diseases.

Intensive studies were made upon two groups of detained women in two separate States. The data are now ready for publication and will soon appear as a bulletin of the Public Health Service.

At most of the detention stations some effort was made to provide both recreation and occupation for the detained women. As these women were being isolated as a health measure, it was necessary to

release them from detention as soon as they ceased to be a menace to the soldiers and sailors, as determined by finding them free from venereal infection in a communicable form.

Now, detention of persons suspected of being infected, or known to be infected, is absolutely imperative in peace time, as well as in war time. Prof. Albert Neisser, of Breslau, discussing "War, Prostitution, and Venereal Diseases," says:

"The greatest possible sanitation of prostitution must be provided for, so far as other efforts are unsuccessful, by arresting the prostitutes. I ask myself why this sharp but so useful measure is not relentlessly resorted to. This method of elimination is the most effective, since sanitation in the case of the most prevalent venereal disease, gonorrhoea, is impossible anyway, and because, considering the enormous number of visits of the individual females, not even a daily medical examination would accomplish the purpose, aside from the impossibility of performing a really good examination of prostitutes.

"As regards syphilis, sanitation is much more conceivable. The capacity of all prostitutes for transmitting infection could easily be much lowered if every single one (without bothering about a special diagnosis) were subjected to an energetic salvarsan treatment, or, perhaps, a treatment with salvarsan combined with mercury. If there should actually be one among them uninfected with syphilis, the treatment would surely do her no harm."

The word "detention" unfortunately carries with it the stigma of a penal institution just as "venereal diseases" implies to the lay mind diseases of venery or immorality. Effort must be made to inculcate into the minds of the public that while detention is imperative as a sanitary measure it should not brand the detained individuals as criminals.

The two years of war have given us volumes of data proving conclusively that the prostitute or sex offender requires individual correctional care to overcome the handicaps of mental inferiority, physical defects, educational neglect, and hereditary and environmental influences.

The detention home has a definite place in the reconstruction program, but it must be a detention home only in the sense that individuals are detained until such time as they can be returned to society equipped to take their places as respectable and respected citizens.

Without posing as an authority on this important subject or attempting to prescribe dogmatic rules and regulations for establishing and operating detention homes, I might suggest several obvious rules to be followed:

The ideal location for a detention home is in the country. This gives opportunity for outdoor exercise and work, which are of great rehabilitating value. There must be sufficient space in order that the mentally normal can be separated from the subnormal, and that the girls

can be separated from the women, because the problem of moral contagion is as great as that of physical contagion.

Competent medical attendance is essential. Adequate hospital facilities for the care of the venereal and other infections are imperative.

The atmosphere of the place should be as homelike as possible; the personnel should be selected from women who are specially qualified and trained and who have a sympathetic interest and a belief in the movement.

To merely use a detention home for the cure and treatment of venereal diseases is to promote a vicious cycle. Unless the individual detained is given a vocational training whereby a decent economic status can be maintained, the detention home contributes to delinquency rather than corrects it.

The responsibility of the detention home in the matter of correctional therapy extends beyond its walls. This responsibility is met only when an efficient follow-up system is established and maintained. William Healy, in his book, "The Individual Delinquent," says, with reference to the proper methods of treating delinquents:

"Comparable is the new social service work done in connection with hospitals, the principle being that if the hospital has given its services as far as the convalescent stage, it is a matter of the greatest economy to carry them still further and to see that the patient is restored to social efficiency. Now, the hospital patient's inefficiency is mostly a negative quantity. The ex-prisoner's failure is a positive menace. Society has undertaken to treat him for his misconduct; it desires his moral well-being and general welfare. The penal failure, which is everywhere witnessed by recidivism, can best be prevented by after-care methods that are based on full appreciation of the offender's needs and possibilities. Perfunctory parole work is to be regarded as a weak effort. The same is true of aid to discharged prisoners by whatever agency. Successful relief must be based on understanding of the individual and his relation to his environment."

The war-time detention house was designed primarily to meet an emergency to protect the fighting men from venereal infections. The peace-time detention house should be conducted to meet the needs of the peace-time program; it must be designed to protect the working forces and posterity from venereal infections. The peace-time detention home, however, must fulfill certain definite requirements: It must provide correctional facilities as well as medical facilities; it must be a house of detention, a reformatory, a protectorate, a reconstruction station all in one; and it must be a part of the State venereal disease control program, supported by legal and executive machinery and backed by enlightened public opinion.

### **STEAM AS A BEDBUG ERADICATOR.**

The use of live steam to eradicate bedbugs has been practiced very successfully by the Booth-Kelly Lumber Co. of Eugene, Oreg., an account of which has been furnished the United States